

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 7

2. STATE:

GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1915(G) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 111,992

b. FFY 2002 \$ 173,247

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A Page 1 (Part Y)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

ATTACHMENT 3.1-A Page 1 (Part Y)

10. SUBJECT OF AMENDMENT:

TARGETED CASE MANAGEMENT FOR CHILDREN AT-RISK IN LAURENS COUNTY - STATE PLAN
AMENDMENT

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gary B. Redding

14. TITLE:

Director, Division of Medical Assistance

15. DATE SUBMITTED: 11/27/00

16. RETURN TO:

Georgia Community Health
Division of Medical Assistance
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 29, 2000

18. DATE APPROVED:

January 29, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Georgia
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Medicaid eligible children ages 0-21 who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicate the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional family situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to a teenage mother.
11. Frequent absences, tardies, or school transfers..
12. Limited English proficiency.
13. Free or reduced price lunch.
14. Lack of appropriate physical necessities (clothing, proper hygiene, etc.).
15. One or more years below grade placement in reading or math.
16. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
17. Frequent physical complaints, low self-esteem, or expresses feelings of lack of control of life.
18. Low achievement scores (35th percentile or below on Iowa Test of (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades. Basic Skills currently homeless or homeless within the past year.
19. History of exposure to direct or indirect violence.
20. History of sexual or physical abuse or neglect.

TN No. 00-017
Supersedes
TN No. 95-011

Approved Date JAN 29 2001 Effective Date OCT 01 2000